

Arizona Department of Agriculture
Environmental Services Division
1688 W. Adams, Phoenix, AZ 85007
Phone: 602-542-0904 Fax: 602-542-0466

License No: PGP _____
Check #: _____
Check Date: _____
Check Amount: _____
Line Number: _____

**REGULATED GROWER PERMIT (PGP)
NEW APPLICATION**

Business Name*: _____ E-Mail Address _____
(If no business name is listed, owner first and last name will be used)

Business Mailing Address*: _____ City _____ State _____ Zip _____

Business Physical Address*: _____ City _____ State _____ Zip _____
(if different from mailing address)

Owner Name*: _____ Social Security Number*: _____
(or Employer ID #)

Daytime Phone*: _____ Cell: _____ Fax: _____
All items identified with an (*) must be completed. Applications that do not contain the required information will not be processed.

Legals*: (Must be listed below)

Section	Township	Range	Acres

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Section	Township	Range	Acres

If you have more Sections, Townships, Ranges, and Acres to list, please list on a second sheet of paper.

List names and certificate numbers of all employees (including yourself) that are certified to use restricted use chemicals on this establishment. Use a separate sheet if necessary.

Applicator Name	License Number		Applicator Name	License Number

I would like to obtain a Regulated Grower Permit for: _____ 1 year for \$20.00 _____ 2 years for \$40.00

Regulated Grower Permits expire annually on December 31. Growers found operating as a Regulated Grower without a current permit are subject to regulatory action.

Return this application along with your fee to the address above. Please make check or money orders payable to the Arizona Department of Agriculture-ESD. The Department is required by law to process this application within 70 days from the date received. However, our goal is to process the application as timely as possible, normally this takes less than 14 days. Please do not send cash! Incomplete applications or applications with incorrect funds will be returned.

The undersigned hereby makes application for a Regulated Grower Permit, Pursuant to A.R.S. 3-363-10(a). By my signature below I agree to conduct business as a Regulated Grower pursuant to Title 3, Arizona Revised Statutes and Rules adopted thereto. The information contained in this application is true and accurate. I understand providing false information in the State of Arizona is a felony.

Signature: _____ Date: _____